## Case 17-17110-amc Doc 22 Filed 12/07/17 Entered 12/07/17 11:52:39 Desc Main Document Page 1 of 2

Fill in this informat	ion to identify your case:	
Debtor 1	Susan S. Turbitt	
Debtor 2 (Spouse, if filing)		_
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	17-17110	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106l	MM / DD/ YYYY
Calcaduda	I. Varra Incomo	, 22,

## Schedule I: Your Income

12/15

For Debtor 2 or

non-filing spouse

0.00

0.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Franksim aut atatus	■ Employed	☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed			
	employers.	Occupation	Facility Affairs Coordinator				
	Include part-time, seasonal, or self-employed work.	Employer's name	University of Pennsylvania				
	Occupation may include student or homemaker, if it applies.	Employer's address	3620 Hamilton Walk Philadelphia, PA 19143				
		How long employed to	here? 24 years				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,660.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Susan S. Turbitt	-		Case	e number (if known)	17	<u>'-17110</u>		
					Fo	r Debtor 1	F	or Debtor	2 or	
					. •			on-filing s		
	Сор	y line 4 here	4.		\$_	5,660.00	\$		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	2,412.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$		0.00	
	5e.	Insurance	5e	<b>.</b>	\$	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	
	5g.	Union dues	<b>5</b> g	١.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,412.00	\$		0.00	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,248.00	\$		0.00	
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	۱.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b	).	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	80	:.	\$_	0.00	\$		0.00	
	8d.	Unemployment compensation	80	۱.	\$_	0.00	\$		0.00	
	8e.	Social Security	8e	<b>)</b> .	\$_	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g	J.	\$	0.00	\$		0.00	
	8h.	Other monthly income. Specify: 2nd job (food server)	8h	1.+	\$	400.00	+ \$		0.00	
		workers compensation			\$	0.00	\$	2,	146.00	
		2016 federal income tax refund			\$	684.30	\$		0.00	
0	A .I .I	all other becomes ALUE of a global or of a global	•	Г	Φ		_			7
9.	Ada	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	1,084.30	\$		2,146.00	
			Г	_			_		$\overline{}$	_
10.			10.	\$_		4,332.30 + \$		2,146.00	= \$	6,478.30
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		ide contributions from an unmarried partner, members of your household, your	depe	end	lents	s, your roommate:	s, an	ıd		
		r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	انمير	امام	o to	nav avnanasa list	40di	n Cobodule	. 1	
	Spe		avall	abii	e 10	pay expenses iis	iea ii	11.		0.00
	Оро						—			0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	the	e co	mbined monthly i	ncor	ne.		
		e that amount on the Summary of Schedules and Statistical Summary of Certai						t	•	C 470 20
	appl	ies						12.	\$	6,478.30
								ι	Combin	ed
			_						monthly	income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?							
		No.								
		Yes. Explain:								